



Improving Referrals to Public Health Investigators

QUALITY IMPROVEMENT PROJECT SPA 1 AND 2

Challenge

- ▶ Severe staffing shortages for Public Health Investigators (PHI) in SPA 1/2
 - ▶ Rising caseloads
 - ▶ Delays in bringing patients in for care or follow-up.
- ▶ For existing staff it was critical to increase efficiency in caseload management.
 - ▶ PHI referral process itself and inefficiencies that may exist within it were targeted as an early point of intervention

Plan-Assembling the Team

- ▶ The PHI Supervisor took the lead on this project and worked closely with the AMD and key QI staff.
- ▶ Clinic and Field Nursing Supervisors, Business Office Supervisors and clinicians who attend the QI meetings were also involved in various points along project development.

Plan-The Referral Process

- ▶ Referrals are made to Public Health Investigators (PHI) by both clinical and field staff.
- ▶ The majority of referrals focus on bringing patients into compliance with evaluation or treatment.
- ▶ The first step in a referral requires the initiation of a PHI referral form (form H-450) Also called the Public Health Investigative Report

Plan-Understanding the Issue

- ▶ Brainstormed reasons why inefficiencies could be occurring in this area.
 - ▶ Incomplete referral forms
 - ▶ Additional information necessary to process the referral

Plan

- ▶ It was determined that the following information was key in ensuring that a referral could be processed without delays.
 - ▶ Disease info (ie level of risk if the referral was a TB contact)
 - ▶ Specific action to be taken by PHI
 - ▶ Field notes by nursing including attempts made at contact

Plan-Aim

- ▶ Within 2 months we were hoping to see an increase in referrals containing these specific data elements

Plan

- ▶ Baseline data was collected on completeness of referrals based on these measures.
 - ▶ Randomly selected PHI referrals submitted over a 2 week period were assessed for these components

Only 33% of referrals successfully contained all key components.

PHI referral status



Do

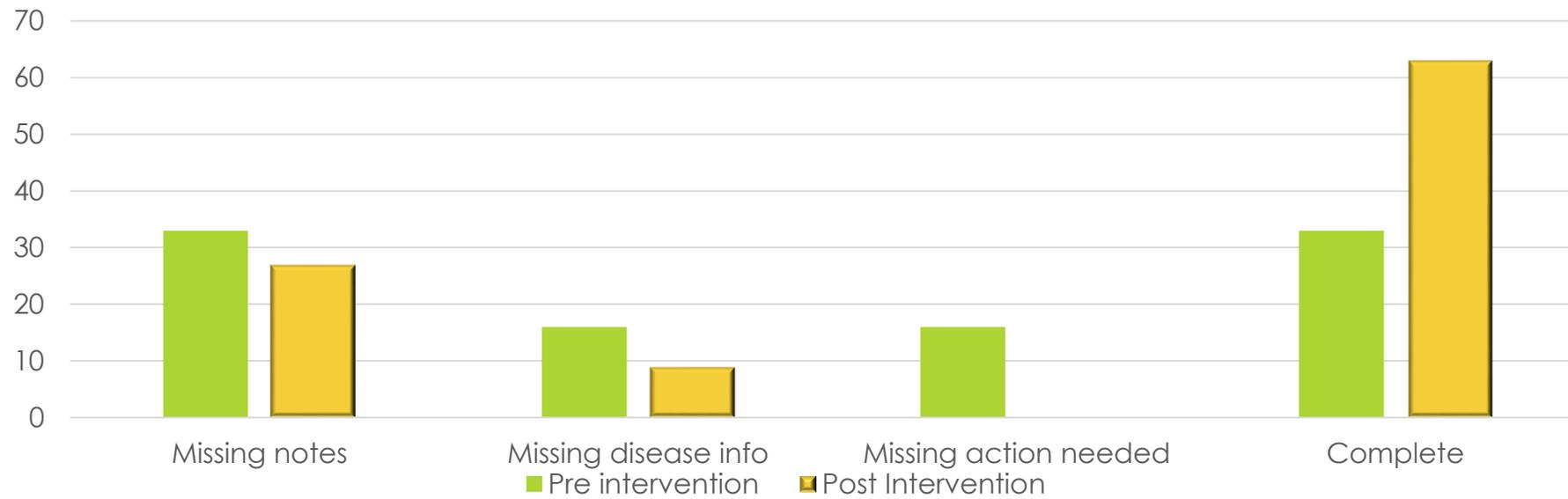
- ▶ Information regarding the outcomes of the baseline data were presented at our QI meeting.
 - ▶ The PHIS reviewed the importance of the data elements with the supervising staff at the QI meeting
 - ▶ A follow up reminder email was also sent to staff by the AMD reminding them of the need to include these data elements in all PHI referrals.

Study

- ▶ Follow-up data was collected on completeness of referrals
 - ▶ Once again randomly selected referrals over a two week period were reviewed for completeness for the previously mentioned data elements

Study

PHI Referral Status



Study

- ▶ 63% of referrals now contained complete information.
- ▶ PHIs reported an decrease in the number of communications necessary to process a referral

Act

- ▶ A staff memo was developed outlining the process by which PHI referrals should be completed and the key elements necessary in completing an appropriate referral.
- ▶ We queried the supervisors at the QI meeting about additional ways in which we could enhance the referral process.
 - ▶ Standardized method for communicating status of PHI referrals

PHI Referral Log

PHI Referrals - Excel

Seira Kurian

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E4 : X ✓ fx Dr. Kurian

	B	C	D	E	F	G	H	I	J
1	PT. NAME	DISEASE	REFERRING PHN	REFERRING MD	DATE ASSIGNED	ASSIGNED PHI	NOTES	DISPO	DATE CLOSED
2		TB III	Dolores Hirsch	Dr. Brucal	7/8/2015	Marina Murillo	7/8/2015	Out of the country	7/20/2015
3		Alien Referral	Patricia Gonzalez	Dr. Brucal	7/17/2015	Blanca Mackey	7/17/2015	UTL	7/22/2015
4		Salmonella	Julie Garcia	Dr. Kurian	8/4/2015	Levon Hovsepyan	8/6/15 removed	returned	12/8/2015
5		Salmonella	Carol Van	Dr. Kurian	8/6/2015	Blanca Mackey	removed 8/6/15 from Kaiser	returned	8/13/2015
6		Salmonella	Carol Van	Dr. Kurian	8/6/2015	Marina Murillo	removed 8/6/15 from Vantage	returned	8/13/2015
7		Measles	Ana Garcia	Dr. Kurian	8/7/2015	Marina Murillo	PHN interviewed	Compliant	8/13/2015
8		Measles	Ana Garcia	Dr. Kurian	8/7/2015	Marina Murillo	PHN interviewed	Compliant	8/13/2015
9		TB III	Dolores Hirsch	Dr. Brucal	8/13/2015	Levon Hovsepyan	Pt presented to clinic	Compliant	8/17/2015
10		Salmonella	Patricia Gonzalez	Dr. Kurian	8/21/2015	Marina Murillo	removed 8/21/15	returned 8-31-15	8/31/2015
11		Shigella	Ana Garcia	Dr. Kurian	8/27/2015	Blanca Mackey	removed	returned	9/8/2015
12		Shigella	Maria Cruley	Dr. Kurian	8/28/2015	Joseph Mitchell	removed 8/28/15	returned	9/4/2015
13		Alien Referral	Joysworth Eytayo	Dr. Brucal	8/28/2015	Levon Hovsepyan	contacted daughter	noncompliant	10/8/2015
14		Salmonella	Joysworth Eytayo	Dr. Kurian	9/3/2015	Levon Hovsepyan	contact made	noncompliant	9/18/2015
15		Salmonella	Patricia Gonzalez	Dr. Kurian	9/10/2015	Blanca Mackey	removed 9-10-15	returned	11/9/2015
16		TB V	Ana Garcia	Dr. Cabansag	9/10/2015	Blanca Mackey	AKA Infante	compliant	12/18/2015
17		Salmonella	Dolores Hirsch	Dr. Kurian	9/14/2015	Levon Hovsepyan	removed 9-14-15	returned	9/25/2015
18		Alien Referral	Maria Cruley	Dr. Brucal	9/14/2015	Blanca Mackey	moved to North Dakota	closed	10/15/2015
19		Salmonella	Dolores Hirsch	Dr. Kurian	9/15/2015	Blanca Mackey	removed from Fresenius 9/15	returned	9/24/2015
20		Salmonella	Dolores Hirsch	Dr. Kurian	9/15/2015	Blanca Mackey	removed from hospital 9/16	returned	9/24/2015
21		Salmonella	Vicky Victoria	Dr. Kurian	9/16/2015	Levon Hovsepyan	removed 9-16-15	returned	9/24/2015
22		HRC	Carol Van	Dr. Kurian	9/17/2015	Blanca Mackey	apt. made 10-7-15	Compliant	10/9/2015
23		Salmonella	Julie Garcia	Dr. Kurian	9/18/2015	Blanca Mackey	removed 9-18-15	returned	10/19/2015

ANTELOPE VALLEY EAST VALLEY - GLENDALE WEST VALLEY-SAN FERNANDO

READY 100%

Conclusion

- ▶ Simple Intervention
- ▶ Led to more efficient work process
- ▶ Uncovered other areas of improvement enhancing PHI communication with field and clinical staff